

Acute Inpatient Psychiatric Hospitals: Certification of Need (CON) for Services

South Carolina Department of Health and Human Services
Division of Behavioral Health
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Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet the medical necessity criteria for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for acute inpatient psychiatric hospital providers who are learning about South Carolina Medicaid policy and procedures prior to rendering Acute services.
 - While this presentation is designed to enhance understanding of the Medicaid Standards regarding the Psychiatric Hospital Services Manual, all aspects and policy are not covered in this presentation. Please review the Psychiatric Hospital Services Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Certification of Need (CON) for Services

- Medicaid reimbursement is available for acute inpatient psychiatric services provided to the following:
 - Medicaid beneficiaries under the age of 21. If the child receives services immediately before he or she reaches age 21, services may continue until the earlier of the date the individual no longer requires the services or the date the individual reaches age 22.
 - Medicaid beneficiaries 65 years or older.
 - Medicaid reimbursement is not available for beneficiaries between 22 and 64 years of age in institutions for mental disease (IMDs) for fee-for-service beneficiaries.
 - Medicaid managed care organizations may opt to cover acute inpatient services for members between 22-64 years of age.
- The Code of Federal Regulations, 42 CFR 441.151, states that Inpatient Psychiatric Services must be certified as necessary, in writing, for the setting in which the services will be provided in accordance with CFR 441.152.
- 42 CFR 441.153 mandates that either an independent review team or the facility-based interdisciplinary team certify a beneficiary's admission to an inpatient psychiatric facility by completing the CON form.

Teams Who Can Complete the CON

- Independent Review Teams

- An independent review team is a team that is not affiliated with the receiving inpatient psychiatric facility and no member has a financial, employment or consultant relationship with the admitting facility. For an individual who is a beneficiary when admitted to a facility or program, the CON must be completed by an independent team. The independent review team must consist of professionals in accordance with 42 CFR 441.153.

OR

- Interdisciplinary Teams

- An interdisciplinary team is a team of professionals within the facility. The CON must be completed by the interdisciplinary team for an individual who applies for Medicaid while in the facility or for an emergency admission. All team members must sign the CON form. The interdisciplinary review team must consist of professionals in accordance with 42 CFR 441.153.

CON Form

- Providers must utilize the following guidelines to complete the CON form:
 - The CON form must be completed, signed, and dated by the individuals stipulated on the previous slide.
 - The CON form must be completed only once per beneficiary per admission. If a beneficiary is discharged and readmitted, a new CON form must be completed.
 - The CON form is valid for 45 days when completed prior to the admission of a beneficiary. Although the form is valid for 45 days, it must accurately reflect the beneficiary's state of health on the date of admission.
 - The CON form must be submitted to the designated Quality Improvement Organization (QIO) and placed in the beneficiary's clinical case record.
 - A new CON form is required when a beneficiary is discharged from one facility and admitted to another acute inpatient psychiatric facility.

CON Form (cont.)

- Facilities must use the CON form found in the forms section of the Psychiatric Hospital Services Manual:
<https://www.scdhhs.gov/provider-type/psychiatric-hospital-services-manual-070119-edition-posted-070119>

SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
CERTIFICATION OF NEED

Client's Name: _____ Date of Birth: _____

Social Security Number: _____

NPI or Medicaid Provider ID: _____

A review team has evaluated all of the information submitted by the physician and other professionals to justify the client's admission to _____ and certifies that:

- () Documentation of comprehensive diagnostic assessment conducted within one (1) week by a LPHA has been reviewed and includes information pertaining, but not limited to, prior treatment history, diagnostic history, mental status examination, current symptoms, risk assessment; and
- () Ambulatory services available in the community do not meet the current treatment needs of the client; and
- () Prior treatment addressing presenting concern/problem has not been successful; and
- () Proper treatment of the client's psychiatric condition requires services on an inpatient basis under the direction of a physician; and
- () The inpatient services can reasonably be expected to improve the client's condition or prevent further regression so that the inpatient services will no longer be needed.

OR

- () According to current criteria, the client does not meet the requirements for Medicaid-sponsored inpatient psychiatric care.

